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SEP 20 2007

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27476 7590 07/25/2007

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<i>Lisa Nash</i>		(Depositor's name)
<i>[Signature]</i>		(Signature)
September 18, 2007		(Date)

NOVARTIS VACCINES AND DIAGNOSTICS INC.
CORPORATE INTELLECTUAL PROPERTY R338
P.O. BOX 8097
Emeryville, CA 94662-8097

09/20/2007 RHEBRAH1 00000044 031664 10609150

01 FC:1501 1400.00 DA
02 FC:1504 300.00 DA
03 FC:6204

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/609,150	06/25/2003	Birgit K. Jaitner	59516-275/PP-18707.002.	1248

TITLE OF INVENTION: SOS1 INHIBITORS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	10/25/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
MCGARRY, SEAN	1635	536-024500

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	1 Jane E. R. Potter 2 Susan L. Abrahamson 3 Alisa A. Harbin
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Chiron Corporation

Emeryville, CA

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies 10

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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 03-1664 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature *Susan L. Abrahamson*

Date September 17, 2007

Typed or printed name Susan L. Abrahamson

Registration No. 56,040

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